



Electronic Funds Transfer (EFT) Election Form

New West Health Services is pleased to announce our ability to now accept credit card payments or automatic withdraw from a checking or savings account for monthly premium payment. If you are interested in form of premium payment, please fill out the bottom of this form and return to PO Box 548 Kalispell, MT 59903-0548. Please phone 1-888-500-3355 or 406-751-3350 if you have questions regarding this form. Please fax back to 406-751-3346.

Group or Individual Name _____

Contact Name & Phone Number _____

Group Number/Member Number _____

Effective date for Premium withholding to begin _____ Month _____ Year

Bank Draft Option (All Premiums) Type of Account Checking Savings

Name of Bank _____

Bank Routing Transit Number _____

Bank Account Number _____

Please include a voided check from your checking account

Credit Card Option I would like my premium charged to my credit card. Yes No

Card Number _____ - _____ - _____ - _____

Type of Credit Card _____ Expiration Date ____/____/____

The electronic transfer of funds from your credit card or checking/savings account will take place on the 5th business day of the month. The total amount shown on your bill will be the amount deducted from your account each month.

As a convenience to me, I hereby request and authorize New West Health Services (NWHS) to initiate the charge to my credit card/bank account payable to the order of NWHS. I agree that New West's rights in respect to each such credit card charge/bank draft shall be the same as if it were a check drawn on my bank account and signed by me personally. This authority is to remain in effect until the last applicable premium is charged, or until revoked by me in writing and received by NWHS, whichever is sooner. I agree that if such charges be dishonored, whether with or without cause and whether intentionally or inadvertently, NWHS shall have no liability whatsoever even though dishonor results in forfeiture of insurance.

Name & Address of Credit Card/Bank Account Holder _____

(Signature must be exactly as it appears on credit card or bank account records) Date _____